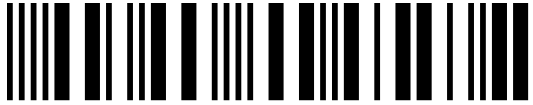


**G-7 QUARTERLY RETURN**  
FOR QUARTERLY PAYER (rev. 7/03)

**2004**

Part 1 ☐ Check Box if you are paying EFT



0400704013

**MAIL TO:**

Georgia Department of Revenue  
P.O. Box 740387  
Atlanta, GA 30374-0387  
Telephone No. (404) 417-3210

GA Withholding ID	FEI Number	Period Ending	Due Date	Vendor Code <b>N/A</b>
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Name and Address

Tax withheld this period

Adjustment to tax

Tax Due (Line 1 + or - Line 21)

Tax Paid

--

Date Received

**G-7 QUARTERLY RETURN**  
FOR QUARTERLY PAYER (rev. 7/03)

**2004**

Part 2

**Amount Paid**

Explanation of adjustment shown on Part 1

I declare under the penalty of perjury that this return has been examined by me and to the best of my knowledge is a true and complete return.

Signature

Title

Telephone

Date

**INSTRUCTIONS FOR COMPLETING QUARTERLY WITHHOLDING FORM G-7**  
**FOR QUARTERLY PAYER**

**(Part one and two of this form must be completed.)**

1. Form G-7 must be filed, even if no tax was withheld for the quarter.
2. Enter Tax Withheld, Tax Due and Tax Paid in their respective blocks.
3. Enter payment amount in Amount Paid block.
4. If applicable, enter any adjustment amount in the Adjustment to Tax block.
5. Explain any adjustments on part 2 of the G-7 form.
6. Write the Withholding Number, Tax Period and Due Date in the appropriate fields.
7. Enter the amount paid on the form.
8. Sign and date the form. Mail payment and voucher to the address below:
9. **DO NOT STAPLE or PAPER CLIP. REMOVE ALL CHECK STUBS**

**Georgia Department of Revenue**  
**P.O. Box 740387**  
**Atlanta, GA 30374-0387**

**Quarterly Payers** should submit payment along with the G-7 quarterly return, on or before the last day of the month following the quarter. Late returns and/or payments will be assessed a \$25.00 penalty in addition to other applicable penalty. Do not send penalty or interest with payment.

Please contact the Withholding Tax Unit at (404) 417-3210 if you have questions about filing withholding tax or need instructions on preparing withholding tax forms.